

PHARMACY QUALITY ASSURANCE REPORT NOTICE

DHHS
DIVISION OF PUBLIC HEALTH
LICENSURE UNIT
TELEPHONE # (402) 471-2118

Your Pharmacy Quality Assurance Report (PQAR) is due on the same date annually. The Department will accept your PQAR THIRTY (30) days before the due date. Once completed, please send the PQAR to your pharmacy inspector listed on page 3. You will be notified by the Department whether your PQAR is determined to be in full compliance with the Health Care Facilities Licensure Act and 175 NAC 8 Nebraska Regulations Governing Licensure of Pharmacies.

Pharmacy Name: _____
Pharmacy License Number: _____ Exp. Date: _____
Pharmacy Street Address: _____
Pharmacy City, State, Zip Code: _____
DEA registration Number: _____ Exp. Date: _____
Pharmacy Telephone #: _____ Pharmacy Fax #: _____
Owner's Name: _____
Pharmacy Web Page/E-mail: _____
Pharmacy Hours: _____

List Pharmacy Personnel:

Name of PIC: _____ License #: _____

Staff Pharmacists Name & NE License #	Pharmacist Interns Name & NE Registration #	Pharmacy Technicians Name & NE Registration #

SOFTWARE: _____ RX'S PER DAY: _____

I, the pharmacist in charge, state that all of the statements herein contained are each and strictly true in every respect. I have read the applicable Nebraska State Statutes and Rules and Regulations concerning the practice of pharmacy, am familiar with its provisions, and agree to abide by all said provisions. I understand that false or forged statements made in connection with this Quality Assurance Report may be grounds for action against my pharmacist license and/or the pharmacy license.

(Signature of Pharmacist-in-Charge)

(Date)

Pharmacy Name: _____ Pharmacy License #: _____ PQAR Date _____

C = In Compliance

NC = Not in Compliance

NA = Not Applicable

Section cited	Requirement	C	NC	NA
175 NAC 8-003.01A	1. All information provided on the application for a pharmacy license is accurate and correct.			
175 NAC 8-006.02C	2. Adequate security is maintained for the prescription inventory and prescription records.			
175 NAC 8-006.02A	3. Drugs, devices and biologicals are stored at the proper temperature.			
175 NAC 8-007.02	4. The pharmacy is maintained in a clean, orderly, and sanitary manner.			
175 NAC 8-007.03	5. The pharmacy maintains in printed or electronic form appropriate reference material for the practice of pharmacy.			
175 NAC 8-007.01	6. The pharmacy provides the pharmacist access to all utilities/equipment needed to practice pharmacy.			
175 NAC 8-006.04H	7. Patient counseling is being provided as required.			
175 NAC 8-006.04H2	8. The pharmacy maintains documentation of a patient's refusal of counseling.			
175 NAC 8-006.04H	9. Patient counseling is being done by only a pharmacist or pharmacist intern.			
Neb. Rev. Stat. 38-2869	10. Prior to the dispensing or the delivery of each new or refill prescription, a pharmacist is conducting a prospective drug utilization review.			
21 CFR Ch. II 1304, 1306	11. All computer or electronic record keeping requirements are met.			
175 NAC 8-005.03A5	12. The poison control phone number is posted in the pharmacy.			
21 CFR Ch. II 1305.05	13. Power of Attorney forms are complete and appropriately filed.			
175 NAC 8-006.03A Neb. Rev. Stat.- 28-411(4)	14. The pharmacy maintains complete and accurate records of all controlled substances received and added to the inventory.			
21 CFR Ch. II 1307.21	15. The pharmacy complies with all transfer and/or destruction requirements for controlled substances.			
175 NAC 8-006.02D	16. The pharmacy does not have in its saleable inventory any drug, device or biological which is misbranded or adulterated.			
175 NAC 8-006.04C, .04D, .04E	17. The pharmacy assures that all requirements pertaining to unit dose packaging and labeling are met.			
175 NAC 8-006.04G	18. The pharmacy assures that all requirements pertaining to multi-drug containers are met.			
175 NAC 8-006.05B, .05C	19. All requirements pertaining to the inventory of controlled substances are met. Date of Current Inventory: _____			
21 CFR Ch. II 1305.11	20. CII acquisitions are properly documented.			
175 NAC 8-006.05A	21. All controlled substances are properly stored.			
175 NAC 8-006.04B 21 CFR Ch. II- 1306.05(a)	22. All prescriptions contain the required information prior to being filled.			
175 NAC 8-006.04B.9a, 172 NAC- 128-014.01(9a), 21 CFR Ch. II 1306.22	23. All refill requirements for prescriptions are in compliance.			
21 CFR Ch. II 1306.13, 1306.23, Neb. Rev. Stat. 28-414	24. Partial fillings of controlled substances are recorded and dispensed appropriately.			
Neb. Rev. Stat.- 28-414 (3b)	25. Prescriptions filled for a Schedule II controlled substance are signed and dated on the front of the prescription.			
Neb. Rev. Stat. 28-414 175 NAC 8-006.05D 21 CFR Ch. II- 1306.11(d)(1,2,3,4)	26. All emergency Schedule II prescriptions are properly filled and recorded.			

Pharmacy Name: _____ Pharmacy License #: _____ PQAR Date _____

Neb. Rev. Stat.- 28-414, 28-1437, 38-2870	27. All requirements for filling electromagnetic transmission prescriptions are followed.			
Neb. Rev. Stat. 38-2055	28. All prescriptions are properly labeled. All prescriptions and the prescription container labels shall bear the name of the prescribing practitioner.			
Neb. Rev. Stat. 28-414, 175 NAC 8-006.03A1, 21 CFR Ch. II 1306.11	29. Hardcopy requirements for Schedule II prescriptions are met.			
Neb. Rev. Stat. 71-5401 to 71-5409	30. The pharmacy is in compliance with the Drug Product Selection Act.			
175 NAC 8-006.03A1, Neb. Rev. Stat.- 28-414(3a)(3c)	31. A three-file system for prescriptions is used and maintained.			
Neb. Rev. Stat. 71-2413	32. Proper records are maintained for Emergency Drug Boxes.			
175 NAC 8-006.01D	33. All requirements and documentation are met for the utilization of Pharmacy Technicians.			
175 NAC 8-005.03A(13)	34. No outdated inventory is mixed with saleable stock.			

Please forward your completed Pharmacy Quality Assurance Report (PQAR) to your Pharmacy Inspector at the address provided below. Keep a copy for your records:

Tony Kopf, RP 9353 Corby Omaha NE 68134	Mike Rueb 3104 N. 160th Ave Omaha NE 68116-2442	Mike Swanda, RP 1521 Newell Cozad NE 69130
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STATEMENT OF COMPLIANCE PAGE

- The item number that is not in compliance;
- Why it is not in compliance;
- How the deficiency will be corrected; and
- How long it will take to do so

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